



U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>Naval Operational Support Center</u> Address: <u>3 Porter Avenue</u> City: <u>Buffalo</u> State: <u>NY</u> Zip Code: <u>14201</u> County: <u>Erie</u> Site Location : _____ Building Size (square feet): <u>50,000</u> # of Floors: <u>2</u> Age in Years: <u>65</u> Present Use: <u>Navy Operations</u> Prior Use: <u>Navy Operations</u>							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>NAVFAC Mid Atlantic, Northeast IPT</u> Address: <u>9742 Maryland Avenue, Bldg Z-144</u> City: <u>Norfolk</u> State: <u>VA</u> Zip Code: <u>23511</u> Contact: <u>Joe McGrenra</u> Telephone: <u>(757) 341-0092</u> Fax: _____ Removal Contractor Name: <u>Stohl Remediation Services, Inc.</u> Address: <u>4169 Allendale Pkwy</u> City: <u>Blasdell</u> State: <u>NY</u> Zip Code: <u>14219</u> Contact: <u>Paul Gizzarelli</u> Telephone: <u>(716) 312-0070</u> Fax: <u>(716) 312-8092</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Bulk sampling and analysis by PLM and TEM</u>							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	11,692	11,692					
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>07/11/16</u> Complete: <u>09/09/16</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	0700-1730	0700-1730	0700-1730	0700-1730			

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Abatement of asbestos containing floor tile and mastic		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Decontamination Facility, Negative Pressure Containment, HEPA Filtered Negative Air Machines, HEPA Vacuums, Amended Water, manual methods, low speed floor buffer with chemical solvents		
XII.	Waste Transporter #1	Name: <u>Waste Management</u> Address: <u>10860 Olean Road</u> City: <u>Chaffee</u> State: <u>NY</u> Zip Code: <u>14030</u> Contact: <u>Colleen Strasser</u> Telephone: <u>(716)496-5000</u>		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>Waste Management</u> Address: <u>10860 Olean Road</u> City: <u>Chaffee</u> State: <u>NY</u> Zip Code: <u>14030</u> Contact: <u>Colleen Strasser</u> Telephone: <u>(716) 496-5000</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____			
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Vacate Area, Use Methods described in Section XI			
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>06/27/16</u> Date </div> <div style="text-align: center;"> <u>Paul Gizzarelli</u> Type or Print Name and Title </div> </div>			
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>06/27/16</u> Date </div> <div style="text-align: center;"> <u>Paul Gizzarelli</u> Type or Print Name and Title </div> </div>			

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